

TRANSCRIPT ORDER

DUE DATE:

| | | | | | | | |
|--|--|---|------------------------------|--|--|--|--|
| 1. NAME Robert W. Boatman | | | | 2. PHONE NUMBER 602-530-8340 | | 3. DATE 04/04/2016 | |
| 4. FIRM NAME Gallagher & Kennedy, P.A. | | | | | | | |
| 5. MAILING ADDRESS 2575 East Camelback Road | | | | 6. CITY Phoenix | | 7. STATE AZ | |
| 8. ZIP CODE 85016 | | | | | | | |
| 9. CASE NUMBER MD-15-02641-PHX-DGC | | 10. JUDGE Campbell | | DATES OF PROCEEDINGS | | | |
| | | | | 11. 03/31/2016 | | 12. | |
| 13. CASE NAME In Re Bard IVC Filters Products Liability Litigation | | | | LOCATION OF PROCEEDINGS | | | |
| | | | | 14. Phoenix | | 15. STATE Arizona | |
| 16. ORDER FOR | | | | | | | |
| <input type="checkbox"/> APPEAL | | <input type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | | <input type="checkbox"/> BANKRUPTCY | |
| <input type="checkbox"/> NON-APPEAL | | <input checked="" type="checkbox"/> CIVIL | | <input type="checkbox"/> IN FORMA PAUPERIS | | <input type="checkbox"/> OTHER (Specify) | |
| 17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.) | | | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | | DATE(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify) | | | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING | | 03/31/2016 - entire hearing | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input type="checkbox"/> OTHER (Specify) | | | |
| <input type="checkbox"/> SENTENCING | | | | | | | |
| <input type="checkbox"/> BAIL HEARING | | | | | | | |
| 18. ORDER | | | | | | | |
| CATEGORY | ORIGINAL + 1 (original to Court, copy to ordering party) | FIRST COPY | # OF ADDITIONAL COPIES | DELIVERY INSTRUCTIONS (Check all that apply.) | | ESTIMATED COSTS | |
| 30 DAYS | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> PAPER COPY | | | |
| 14 DAYS | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> PDF (e-mail) | | | |
| 7 DAYS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> ASCII (e-mail) | | | |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | E-MAIL ADDRESS rwb@gknet.com | | | |
| 19. SIGNATURE s/Robert W. Boatman | | | | NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE. | | | |
| 20. DATE April 4, 2016 | | | | | | | |
| TRANSCRIPT TO BE PREPARED BY | | | | ESTIMATE TOTAL | | | |
| ORDER RECEIVED | DATE | BY | | PROCESSED BY | | PHONE NUMBER | |
| DEPOSIT PAID | | | | DEPOSIT PAID | | | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | | | |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | | | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | | | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | | | |

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ORDER COPY